


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90096 027 ***550.00

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1. Entity Name
DADE COUNTY MAGNETIC RESONANCE IMAGING, P.A.



Principal Place of Business Mailing Address
1535 SAN REMO AVENUE **110 MARCUS DR.**
CORAL GABLES, FL 33146 US **MELVILLE, NY 11747**

50057224



2. Principal Place of Business 3. Mailing Address
110 Marcus Drive

Suite, Apt. #, etc. Suite, Apt. #, etc.

01072005 Chg-P CR2E034 (10/03)

City & State City & State
Melville, New York

4. FEI Number Applied For
11-3148876 Not Applicable

Zip Country Zip Country
11747 **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GABE IMPERATO, ESQ./BOARD & CASSEL
1 FINANCIAL PLAZA, STE 2700
FORT LAUDERDALE, FL 33394

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DAMADIAN, RAYMOND V MD 110 MARCUS DR. MELVILLE, NY 11747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAMADIAN, TIMOTHY 110 MARCUS DR. MELVILLE, NY 11747 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Raymond V. Damadian* **Raymond V. Damadian, President** *7/18/05* **631-694-2929**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #